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CONFIRMATION NO. 7664

<b>SERIAL NUMBER</b> 10/619,809	<b>FILING OR 371(c) DATE</b> 07/15/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> UM-08199
<b>APPLICANTS</b> Donna L. Livant, Ann Arbor, MI;				
** CONTINUING DATA ***** This appln claims benefit of 60/396,366 07/17/2002				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/20/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> MEDLEN & CARROLL, LLP Suite 350 101 Howard Street San Francisco, CA94105				
<b>TITLE</b> Methods and compositions for the enhancement of wound healing				
<b>FILING FEE RECEIVED</b> 476	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	